

1 ***-1109/2.3* SECTION 1325.** 49.46 (2) (b) 17. of the statutes is created to read:

2 49.46 (2) (b) 17. Services under s. 49.45 (54) (b) for children participating in the
3 early intervention program under s. 51.44, that are provided by a special educator.

4 ***-1537/3.31* SECTION 1326.** 49.46 (2) (d) of the statutes is amended to read:

5 49.46 (2) (d) Benefits authorized under this subsection may not include
6 payment for that part of any service payable through 3rd-party liability or any
7 federal, state, county, municipal, or private benefit system to which the beneficiary
8 is entitled. "Benefit system" does not include any public assistance program such as,
9 but not limited to, Hill-Burton benefits under 42 USC 291c (e), in effect on April 30,
10 1980, ~~or relief funded by a relief block grant.~~

11 ***-1083/1.1* SECTION 1327.** 49.47 (4) (b) (intro.) of the statutes is amended to
12 read:

13 49.47 (4) (b) (intro.) Eligibility exists if the applicant's property, subject to the
14 exclusion of any amounts under the Long-Term Care Partnership Program
15 established under s. 49.45 (31) or any amounts in an independence account, as
16 defined in s. 49.472 (1) (c), does not exceed the following:

17 ***-0367/2.9* SECTION 1328.** 49.471 (2) of the statutes is amended to read:

18 49.471 (2) **WAIVER AND STATE PLAN AMENDMENTS.** The department shall request
19 a waiver from, and submit amendments to the state Medical Assistance plan to, the
20 secretary of the federal department of health and human services to implement
21 BadgerCare Plus. If the state plan amendments are approved and a waiver that is
22 substantially consistent with the provisions of this section, excluding sub. (2m), is
23 granted and in effect, the department shall implement BadgerCare Plus beginning
24 on January 1, 2008, the effective date of the state plan amendments, or the effective
25 date of the waiver, whichever is latest. If the state plan amendments are approved

1 but the terms of approval do not allow for federal funding of the cost of benefits for
2 all or any part of one or more of the eligibility categories under sub. (4) (b), the
3 department may at its discretion pay for the cost of benefits for all or any part of any
4 group for which federal funding was denied exclusively with moneys from the
5 appropriation under s. 20.435 (4) (b). If the state plan amendments are not approved
6 or if a waiver that is substantially consistent with the provisions of this section,
7 excluding sub. (2m), is not granted, BadgerCare Plus may not be implemented. If
8 the state plan amendments are approved but approval is not continued or if a waiver
9 that is substantially consistent with the provisions of this section, excluding sub.
10 (2m), is granted but not continued in effect, BadgerCare Plus shall be discontinued.

11 ***-0367/2.10* SECTION 1329.** 49.471 (3) (a) 1. of the statutes is amended to read:

12 49.471 (3) (a) 1. Notwithstanding ss. 49.46 (1), 49.465, 49.47 (4), and 49.665 (4),
13 if the amendments to the state plan under sub. (2) are approved and a waiver under
14 sub. (2) that is substantially consistent with ~~all of~~ the provisions of this section,
15 excluding sub. (2m), is granted and in effect, an individual described in sub. (4) (a)
16 or (b) or (5) is not eligible under s. 49.46, 49.465, 49.47, or 49.665 for Medical
17 Assistance or BadgerCare health program benefits. The eligibility of an individual
18 described in sub. (4) (a) or (b) or (5) for Medical Assistance benefits shall be
19 determined under this section.

20 ***-0367/2.11* SECTION 1330.** 49.471 (3) (b) 1. (intro.) of the statutes is amended
21 to read:

22 49.471 (3) (b) 1. (intro.) If an individual over 18 years of age who is eligible for
23 and receiving Medical Assistance benefits under s. 49.46, 49.47, or 49.665 in the
24 month before BadgerCare Plus is implemented loses that eligibility solely due to the
25 implementation of BadgerCare Plus and, because of his or her income, is not eligible

1 for BadgerCare Plus, the individual shall continue receiving for ~~18~~ 12 consecutive
2 months the medical assistance he or she was receiving before the implementation of
3 BadgerCare Plus if all of the following are satisfied:

4 ***-0367/2.12* SECTION 1331.** 49.471 (3) (b) 1. c. of the statutes is amended to
5 read:

6 49.471 (3) (b) 1. c. The individual ~~continues to meet~~ meets all nonfinancial
7 eligibility requirements ~~for the coverage that he or she had in the month before the~~
8 ~~implementation of BadgerCare Plus~~ under this section.

9 ***-0367/2.13* SECTION 1332.** 49.471 (3) (b) 2. of the statutes is amended to read:

10 49.471 (3) (b) 2. Notwithstanding subd. 1., if at any time during an individual's
11 ~~18-month~~ 12-month eligibility extension under subd. 1. any criterion under subd.
12 1. a. to d. is not satisfied, the individual's eligibility for the extended coverage is
13 terminated and any time remaining in the eligibility period is lost.

14 ***-0367/2.14* SECTION 1333.** 49.471 (4) (a) 4. a. of the statutes is amended to
15 read:

16 49.471 (4) (a) 4. a. The individual is a parent or caretaker relative of a child who
17 is living in the home with the parent or caretaker relative or who is temporarily
18 absent from the home for not more than 6 months or, if the child has been removed
19 from the home for more than 6 months, the parent or caretaker relative is working
20 toward unifying the family by complying with a permanency plan under s. 48.38 or
21 938.38.

22 ***-0884/3.206* SECTION 1334.** 49.471 (4) (a) 5. of the statutes is amended to
23 read:

24 49.471 (4) (a) 5. An individual who, regardless of family income, was born on
25 or after January 1, 1990, and who, on his or her 18th birthday, was in a foster care

1 ~~or treatment foster care~~ placement under the responsibility of a state, as determined
2 by the department. The coverage for an individual under this subdivision ends on
3 the last day of the month in which the individual becomes 21 years of age, unless he
4 or she otherwise loses eligibility sooner.

5 ***-0367/2.15* SECTION 1335.** 49.471 (4) (a) 7. of the statutes is created to read:

6 49.471 (4) (a) 7. Individuals who qualify for a medical assistance eligibility
7 extension under s. 49.46 (1) (c), (cg), or (co) when their income increases above the
8 poverty line.

9 ***-0367/2.16* SECTION 1336.** 49.471 (4) (b) 1m. of the statutes is amended to
10 read:

11 49.471 (4) (b) 1m. A pregnant woman ~~or unborn child~~ who obtains eligibility
12 under sub. (7) (b) 1.

13 ***-0367/2.17* SECTION 1337.** 49.471 (4) (b) 4. a. of the statutes is amended to
14 read:

15 49.471 (4) (b) 4. a. The individual is a parent or caretaker relative of a child who
16 is living in the home with the parent or caretaker relative or who is temporarily
17 absent from the home for not more than 6 months or, if the child has been removed
18 from the home for more than 6 months, the parent or caretaker relative is working
19 toward unifying the family by complying with a permanency plan under s. 48.38 or
20 938.38.

21 ***-0367/2.18* SECTION 1338.** 49.471 (5) (b) 1. of the statutes is amended to read:

22 49.471 (5) (b) 1. Except as provided in sub. (6) (a) 1., a pregnant woman is
23 eligible for the benefits specified in par. (c) during the period beginning on the day
24 on which a qualified provider determines, on the basis of preliminary information,

1 that the woman's family income does not exceed 300 percent of the poverty line and
2 ending on the applicable day specified in subd. 3.

3 ***-0367/2.19* SECTION 1339.** 49.471 (5) (b) 2. of the statutes is amended to read:

4 49.471 (5) (b) 2. Except as provided in sub. (6) (a) 2., a child who is not an unborn
5 child is eligible for the benefits described in s. 49.46 (2) (a) and (b) during the period
6 beginning on the day on which a qualified entity determines, on the basis of
7 preliminary information, that the child's family income does not exceed 150 percent
8 of the poverty line and ending on the applicable day specified in subd. 3.

9 ***-0367/2.20* SECTION 1340.** 49.471 (5) (c) of the statutes is renumbered 49.471

10 (5) (c) 2. and amended to read:

11 49.471 (5) (c) 2. On behalf of a woman under par. (b) 1. whose family income
12 exceeds 200 percent of the poverty line, the department shall audit and pay allowable
13 charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory prenatal
14 care services under the benefits under sub. (11).

15 ***-0367/2.21* SECTION 1341.** 49.471 (5) (c) 1. of the statutes is created to read:

16 49.471 (5) (c) 1. On behalf of a woman under par. (b) 1. whose family income
17 does not exceed 200 percent of the poverty line, the department shall audit and pay
18 allowable charges to a provider certified under s. 49.45 (2) (a) 11. only for ambulatory
19 prenatal care services under the benefits described in s. 49.46 (2) (a) and (b).

20 ***-0367/2.22* SECTION 1342.** 49.471 (6) (a) of the statutes is renumbered 49.471

21 (6) (a) 2. and amended to read:

22 49.471 (6) (a) 2. Any ~~pregnant woman, including a pregnant woman under sub~~
23 ~~(5) (b) 1.,~~ child who is not an unborn child, including a child under sub. (5) (b) 2.,
24 parent, or caretaker relative whose family income is less than 150 percent of the
25 poverty line is eligible for medical assistance under this section for any of the 3

1 months prior to the month of application if the individual met the eligibility criteria
2 under this section and had a family income of less than 150 percent of the poverty
3 line in that month.

4 ***-0367/2.23* SECTION 1343.** 49.471 (6) (a) 1. of the statutes is created to read:

5 49.471 (6) (a) 1. Any pregnant woman, including a pregnant woman under sub.
6 (5) (b) 1., is eligible for medical assistance under this section for any of the 3 months
7 prior to the month of application if she met the eligibility criteria under this section
8 in that month.

9 ***-0367/2.24* SECTION 1344.** 49.471 (6) (e) of the statutes is repealed.

10 ***-0367/2.25* SECTION 1345.** 49.471 (7) (b) 1. of the statutes is amended to read:

11 49.471 (7) (b) 1. A pregnant woman, ~~or an unborn child~~, whose family income
12 exceeds 300 percent of the poverty line may become eligible for coverage under this
13 section if the difference between the pregnant woman's ~~or unborn child's~~ family
14 income and the applicable income limit under sub. (4) (b) is obligated or expended
15 for any member of the pregnant woman's ~~or unborn child's~~ family for medical care
16 or any other type of remedial care recognized under state law or for personal health
17 insurance premiums or for both. Eligibility obtained under this subdivision
18 continues without regard to any change in family income for the balance of the
19 pregnancy and, ~~for a pregnant woman but not for an unborn child~~, to the last day of
20 the month in which the 60th day after the last day of the woman's pregnancy falls.
21 Eligibility obtained by a pregnant woman under this subdivision extends to all
22 pregnant women in the pregnant woman's family.

23 ***-0367/2.26* SECTION 1346.** 49.471 (7) (b) 2. of the statutes is amended to read:

24 49.471 (7) (b) 2. A child who is not an unborn child and, whose family income
25 exceeds 150 percent of the poverty line, and who is ineligible under this section solely

1 because of sub. (8) (b) may obtain eligibility under this section if the difference
2 between the child's family income and 150 percent of the poverty line is obligated or
3 expended on behalf of the child or any member of the child's family for medical care
4 or any other type of remedial care recognized under state law or for personal health
5 insurance premiums or for both. Eligibility obtained under this subdivision during
6 any 6-month period, as determined by the department, continues for the remainder
7 of the 6-month period and extends to all children in the family.

8 ***-0367/2.27* SECTION 1347.** 49.471 (7) (b) 3. of the statutes is amended to read:

9 49.471 (7) (b) 3. For a pregnant woman ~~or an unborn child~~ to obtain eligibility
10 under subd. 1., the amount that must be obligated or expended in any 6-month
11 period is equal to the sum of the differences in each of those 6 months between the
12 pregnant woman's ~~or unborn child's~~ monthly family income and the monthly family
13 income that is 300 percent of the poverty line. For a child to obtain eligibility under
14 subd. 2., the amount that must be obligated or expended in any 6-month period is
15 equal to the sum of the differences in each of those 6 months between the child's
16 monthly family income and the monthly family income that is 150 percent of the
17 poverty line.

18 ***-0367/2.28* SECTION 1348.** 49.471 (7) (c) 1. of the statutes is amended to read:

19 49.471 (7) (c) 1. Deduct from family the individual's income, up to the amount
20 of the individual's income, any payments made by amount the individual is obligated
21 to pay for court-ordered child or family support or maintenance.

22 ***-0367/2.29* SECTION 1349.** 49.471 (8) (d) 1. f. of the statutes is created to read:

23 49.471 (8) (d) 1. f. An individual described in sub. (4) (a) 7.

24 ***-0367/2.30* SECTION 1350.** 49.471 (8) (d) 2. c. of the statutes is amended to
25 read:

1 49.471 (8) (d) 2. c. One or more members of the individual's family were eligible
2 for other health insurance coverage or Medical Assistance under s. 49.46 or 49.47 at
3 the time the employee failed to enroll in the health insurance coverage under par. (b)
4 1. and no member of the family was eligible for coverage under this section at that
5 time or, if one or more members of the individual's family were eligible for coverage
6 under this section at that time, family income did not exceed 150 percent of the
7 poverty line or the individual qualified for a medical assistance eligibility extension
8 as provided in sub. (4) (a) 7.

9 ***-0367/2.31* SECTION 1351.** 49.471 (10) (a) of the statutes is amended to read:

10 49.471 (10) (a) *Copayments.* Except as provided in s. 49.45 (18) (am) 2. and (b)
11 2., all cost-sharing provisions under s. 49.45 (18) apply to a recipient with coverage
12 of the benefits described in s. 49.46 (2) (a) and (b) to the same extent as they apply
13 to a person eligible for medical assistance under s. 49.46, 49.468, or 49.47.

14 ***-0367/2.32* SECTION 1352.** 49.471 (10) (b) 4. g. of the statutes is created to
15 read:

16 49.471 (10) (b) 4. g. An individual described in sub. (4) (a) 7.

17 ***-0367/2.33* SECTION 1353.** 49.471 (10) (b) 5. of the statutes is amended to
18 read:

19 49.471 (10) (b) 5. If a recipient who is required to pay a premium under this
20 paragraph or under sub. (2m) or (4) (c) either does not pay a premium when due or
21 requests that his or her coverage under this section be terminated, the recipient's
22 coverage terminates and the recipient is not eligible for BadgerCare Plus for 6
23 consecutive calendar months following the date on which the recipient's coverage
24 terminated, except for any month during that 6-month period when the recipient's
25 family income does not exceed 150 percent of the poverty line.

1 ***-0367/2.34* SECTION 1354.** 49.471 (12) (b) of the statutes is amended to read:

2 49.471 (12) (b) If the amendments to the state plan submitted under sub. (2)
3 are approved and a waiver that is substantially consistent with all of the provisions
4 of this section is granted and in effect, the department shall publish a notice in the
5 Wisconsin Administrative Register that states the date on which BadgerCare Plus
6 is implemented.

7 ***-1537/3.32* SECTION 1355.** 49.493 (1) (b) of the statutes is amended to read:

8 49.493 (1) (b) "Medical benefits or assistance" means medical benefits under
9 s. 49.02 or 253.05 or medical assistance.

10 ***-0367/2.35* SECTION 1356.** 49.665 (6) of the statutes is repealed.

11 ***-0247/2.156* SECTION 1357.** 49.686 (2) of the statutes is amended to read:

12 49.686 (2) REIMBURSEMENT. From the ~~appropriations~~ appropriation accounts
13 under s. 20.435 ~~(5)~~ (1) (am), (i), and (ma), the department may reimburse or
14 supplement the reimbursement of the cost of AZT, the drug pentamidine, and any
15 drug approved for reimbursement under sub. (4) (c) for an individual who is eligible
16 under sub. (3).

17 ***-1210/3.1* SECTION 1358.** 49.686 (3) (d) of the statutes is amended to read:

18 49.686 (3) (d) Has applied for coverage under and has been denied eligibility
19 for medical assistance within 12 months prior to application for reimbursement
20 under sub. (2). This paragraph does not apply to an individual who is eligible for
21 benefits under the demonstration project for childless adults under s. 49.45 (23) or
22 to an individual who is eligible for benefits under BadgerCare Plus under s. 49.471
23 (11).

24 ***-0247/2.157* SECTION 1359.** 49.686 (3) (f) of the statutes is amended to read:

1 49.686 (3) (f) Is an individual whose annual gross household income is at or
2 below 200% of the poverty line and, if funding is available under s. 20.435 (1) (i) or
3 (m) ~~or (5) (i)~~, is an individual whose annual gross household income is above 200%
4 and at or below 300% of the poverty line.

5 ***-0670/2.1* SECTION 1360.** 49.686 (6) (title) of the statutes is amended to read:

6 49.686 (6) (title) HEALTH INSURANCE RISK-SHARING PLAN ~~PILOT PROGRAM~~
7 COVERAGE.

8 ***-0670/2.2* SECTION 1361.** 49.686 (6) (a) (intro.) of the statutes is amended to
9 read:

10 49.686 (6) (a) (intro.) Subject to par. (b), the department shall conduct a ~~3-year~~
11 ~~pilot program, to begin on January 1, 2008,~~ under which the department may pay
12 premiums for coverage under the Health Insurance Risk-Sharing Plan under subch.
13 II of ch. 149, and pay copayments under that plan for prescription drugs for which
14 reimbursement may be provided under sub. (2), for individuals who satisfy all of the
15 following:

16 ***-0670/2.3* SECTION 1362.** 49.686 (6) (b) of the statutes is amended to read:

17 49.686 (6) (b) The ~~pilot~~ program shall be open to a minimum of 100 participants
18 at any given time, with more participants if the department determines that it is
19 cost-effective.

20 ***-0670/2.4* SECTION 1363.** 49.686 (6) (c) of the statutes is amended to read:

21 49.686 (6) (c) The department may promulgate rules for the administration of
22 the ~~pilot~~ program. Notwithstanding s. 227.24 (3), rules under this paragraph may
23 be promulgated as emergency rules under s. 227.24 without a finding of emergency.

24 ***-1540/2.1* SECTION 1364.** 49.688 (1) (e) of the statutes is amended to read:

1 49.688 (1) (e) "Program payment rate" means the rate of payment made for the
2 identical drug specified under s. 49.46 (2) (b) 6. h., ~~plus 5%~~, plus a dispensing fee that
3 is equal to the dispensing fee permitted to be charged for prescription drugs for which
4 coverage is provided under s. 49.46 (2) (b) 6. h.

5 ***-1537/3.33* SECTION 1365.** 49.688 (3) (d) of the statutes is amended to read:

6 49.688 (3) (d) ~~Notwithstanding s. 49.002, if~~ If a person who is eligible under this
7 section has other available coverage for payment of a prescription drug, this section
8 applies only to costs for prescription drugs for the person that are not covered under
9 the person's other available coverage.

10 ***-1540/2.2* SECTION 1366.** 49.688 (8) of the statutes is repealed.

 ****NOTE: This is reconciled s. 49.688 (8). This SECTION has been affected by drafts
with the following LRB numbers: LRB-1458 and LRB-1540.

11 ***-1540/2.3* SECTION 1367.** 49.688 (12) of the statutes is amended to read:

12 49.688 (12) Except as provided in subs. ~~(8)~~ (8m) to (11) and except for the
13 department's rule-making requirements and authority, the department may enter
14 into a contract with an entity to perform the duties and exercise the powers of the
15 department under this section.

16 ***-1377/1.3* SECTION 1368.** 49.775 (2) (bm) of the statutes is amended to read:

17 49.775 (2) (bm) The custodial parent assigns to the state any right of the
18 custodial parent or of the dependent child to support from any other person. No
19 amount of support that begins to accrue after the individual ceases to receive
20 payments under this section may be considered assigned to the state. ~~Any~~
21 Seventy-five percent of all money that is received by the department of children and
22 families under an assignment to the state under this paragraph ~~and that is not the~~
23 ~~federal share of support~~ shall be paid to the custodial parent. The department of

1 children and families shall pay the federal share of support assigned under this
2 paragraph as required under federal law or waiver.

3 ***-0238/3.4* SECTION 1369.** 49.775 (2) (bm) of the statutes, as affected by 2009
4 Wisconsin Act ... (this act), is amended to read:

5 49.775 (2) (bm) The custodial parent assigns to the state any right of the
6 custodial parent or of the dependent child to support from any other person accruing
7 during the time that any payment under this subsection is made to the custodial
8 parent. No amount of support that begins to accrue after the individual ceases to
9 receive payments under this section may be considered assigned to the state.
10 Seventy-five percent of all money that is received by the department of children and
11 families under an assignment to the state under this paragraph shall be paid to the
12 custodial parent. The department of children and families shall pay the federal
13 share of support assigned under this paragraph as required under federal law or
14 waiver.

***NOTE: This is reconciled s. 49.775 (2) (bm). This SECTION has been affected by
drafts with the following LRB numbers: LRB-0238/2 and LRB-1377/1.

15 ***-1377/1.4* SECTION 1370.** 49.775 (2m) of the statutes is created to read:

16 49.775 (2m) DISREGARD OF SUPPORT. In determining a custodial parent's
17 eligibility under this section, the department shall, for purposes of determining the
18 custodial parent's income, disregard any court-ordered support that is received by
19 or owed to the custodial parent.

20 ***-1377/1.5* SECTION 1371.** 49.776 of the statutes is created to read:

21 **49.776 Payment of support arrears.** If a custodial parent who formerly
22 received payments under s. 49.775 but who is no longer receiving payments under
23 s. 49.775 assigned to the state under s. 49.775 (2) (bm) his or her right or the right

1 of the dependent child to support from any other person, the department shall pay
2 to the custodial parent all money in support arrears that is collected by the
3 department after the custodial parent's receipt of payments under s. 49.775 ceased
4 and that accrued while the custodial parent was receiving those payments.

5 ***-1536/1.1* SECTION 1372.** 49.79 (1) (f) of the statutes is repealed.

6 ***-1059/2.42* SECTION 1373.** 49.79 (1) (fm) of the statutes is created to read:

7 49.79 (1) (fm) "School" means any of the following:

8 1. A public school, as described in s. 115.01 (1).

9 2. A private school, as defined in s. 115.001 (3r).

10 3. A technical college pursuant to a contract under s. 118.15 (2).

11 4. A course of study meeting the standards established by the state
12 superintendent of public instruction under s. 115.29 (4) for the granting of a
13 declaration of equivalency of high school graduation.

14 ***-1536/1.2* SECTION 1374.** 49.79 (8) of the statutes is repealed.

15 ***-1059/2.43* SECTION 1375.** 49.79 (9) (a) 3. of the statutes is amended to read:

16 49.79 (9) (a) 3. The department may not require an individual who is a recipient
17 under the food stamp program to participate in any employment and training
18 program under this subsection if that individual is enrolled at least half time in a
19 school, ~~as defined in s. 49.26 (1) (a) 2.,~~ a training program, or an institution of higher
20 education.

21 ***-0394/2.13* SECTION 1376.** 49.797 (2) (a) of the statutes is amended to read:

22 49.797 (2) (a) ~~Except Notwithstanding s. 46.028 and except~~ as provided in par.
23 (b) and sub. (8), the department shall administer a statewide program to deliver food
24 stamp benefits to recipients of food stamp benefits by an electronic benefit transfer
25 system. All suppliers, as defined in s. 49.795 (1) (d), may participate in the delivery

1 of food stamp benefits under the electronic benefit transfer system. The department
2 shall explore methods by which nontraditional retailers, such as farmers' markets,
3 may participate in the delivery of food stamp benefits under the electronic benefit
4 transfer system.

5 ***-1482/2.2* SECTION 1377.** 49.83 of the statutes is amended to read:

6 **49.83 Limitation on giving information.** Except as provided under ~~s.~~ ss.
7 49.32 (9), (10), and (10m) and 49.45 (19m), no person may use or disclose information
8 concerning applicants and recipients of relief funded by a relief block grant, aid to
9 families with dependent children, Wisconsin Works under ss. 49.141 to 49.161, social
10 services, child and spousal support and establishment of paternity and medical
11 support liability services under s. 49.22, or supplemental payments under s. 49.77
12 for any purpose not connected with the administration of the programs, except that
13 the department of children and families may disclose such information to the
14 department of revenue for the sole purpose of administering state taxes. Any person
15 violating this section may be fined not less than \$25 nor more than \$500 or
16 imprisoned in the county jail not less than 10 days nor more than one year or both.

17 ***-1537/3.34* SECTION 1378.** 49.84 (3) of the statutes is repealed.

18 ***-1537/3.35* SECTION 1379.** 49.84 (4) of the statutes is repealed.

19 ***-1209/1.1* SECTION 1380.** 49.895 of the statutes is created to read:

20 **49.895 Insurance claim intercept. (1)** In this section:

21 (a) "Medical assistance liability" means an amount that the department of
22 health services may recover under s. 49.497, 49.847, or 49.89.

23 (b) "Support liability" means an amount that is entered in the statewide
24 support lien docket under s. 49.854.

1 (2) Before paying an insurance claim of \$500 or more to any individual, an
2 insurer that is authorized to do business in this state shall do all of the following:

3 (a) Verify with the department of health services, in the manner required by
4 that department, whether the individual to whom the claim is to be paid has a
5 medical assistance liability.

6 (b) Check the statewide support lien docket to determine whether the
7 individual to whom the claim is to be paid has a support liability.

8 (3) If an individual to whom a claim of \$500 or more is to be paid has a support
9 liability or a medical assistance liability, or both, the insurer shall distribute the
10 claim proceeds as follows:

11 (a) First, if there is a support liability, to the department of children and
12 families to pay the support liability, up to the amount of the support liability or the
13 amount of the claim, whichever is less.

14 (b) Next, if there is a medical assistance liability, to the department of health
15 services to pay the medical assistance liability, up to the amount of the medical
16 assistance liability or the amount of the claim proceeds remaining, whichever is less.

17 (c) Last, to the individual, the remainder of the claim proceeds, if any.

18 (4) The department of health services shall promulgate rules for the
19 administration of this section, including procedures for insurers to follow and any
20 notice and hearing requirements. Notwithstanding s. 227.24 (3), the rules under this
21 subsection may be promulgated as emergency rules under s. 227.24 without a finding
22 of emergency.

23 *-0884/3.207* **SECTION 1381.** 49.96 of the statutes is amended to read:

24 **49.96 Assistance grants exempt from levy.** All grants of aid to families with
25 dependent children, payments made under ss. ~~48.57 (3m) or (3n)~~, 49.148 (1) (b) 1. or

(c) or (1m) or 49.149 to 49.159, payments made for social services, cash benefits paid by counties under s. 59.53 (21), and benefits under s. 49.77 or federal Title XVI, are exempt from every tax, and from execution, garnishment, attachment, and every other process and shall be inalienable.

***-0659/P4.6* SECTION 1382.** 50.01 (1) (intro.) of the statutes is amended to read:

50.01 (1) (intro.) "Adult family home" means one of the following and does not include a place that is specified in sub. (1g) (a) to (d), (f), or (g):

***-0884/3.208* SECTION 1383.** 50.01 (1) (a) 1. of the statutes is amended to read:

50.01 (1) (a) 1. Care and maintenance above the level of room and board but not including nursing care are provided in the private residence by the care provider whose primary domicile is this residence for 3 or 4 adults, or more adults if all of the adults are siblings, each of whom has a developmental disability, as defined in s. 51.01 (5), or, if the residence is licensed as a foster home, care and maintenance are provided to children, the combined total of adults and children so served being no more than 4, or more adults or children if all of the adults or all of the children are siblings, ~~or, if the residence is licensed as a treatment foster home, care and maintenance are provided to children, the combined total of adults and children so served being no more than 4.~~

***-0884/3.209* SECTION 1384.** 50.01 (1) (a) 2. of the statutes is amended to read:

50.01 (1) (a) 2. The private residence was licensed under s. 48.62 as a foster ~~home or treatment foster~~ home for the care of the adults specified in subd. 1. at least 12 months before any of the adults attained 18 years of age.

***-0659/P4.7* SECTION 1385.** 50.01 (1) (b) of the statutes is amended to read:

1 50.01 (1) (b) A place where 3 or 4 adults who are not related to the operator
2 reside and receive care, treatment or services that are above the level of room and
3 board and that may include up to 7 hours per week of nursing care per resident.
4 ~~“Adult family home” does not include a place that is specified in sub. (1g) (a) to (d),~~
5 ~~(f) or (g).~~

6 ***-0659/P4.8* SECTION 1386.** 50.01 (1) (c) of the statutes is created to read:

7 50.01 (1) (c) A place in which the operator provides care, treatment, support,
8 or service above the level of room and board, but not including nursing care, to up to
9 2 adults who are not related to the operator.

10 ***-0659/P4.9* SECTION 1387.** 50.02 (1) of the statutes is amended to read:

11 50.02 (1) DEPARTMENTAL AUTHORITY. The department may provide uniform,
12 statewide licensing, inspection, and regulation of community-based residential
13 facilities and nursing homes as provided in this subchapter. The department shall
14 certify, inspect, and otherwise regulate adult family homes, as specified under s. ss.
15 50.031 and 50.032 and shall license adult family homes, as specified under s. 50.033.
16 Nothing in this subchapter may be construed to limit the authority of the department
17 of commerce or of municipalities to set standards of building safety and hygiene, but
18 any local orders of municipalities shall be consistent with uniform, statewide
19 regulation of community-based residential facilities. The department may not
20 prohibit any nursing home from distributing over-the-counter drugs from bulk
21 supply. The department may consult with nursing homes as needed and may provide
22 specialized consultations when requested by any nursing home, separate from its
23 inspection process, to scrutinize any particular questions the nursing home raises.
24 The department shall, by rule, define “specialized consultation”.

25 ***-1458/3.5* SECTION 1388.** 50.02 (4) of the statutes is repealed.

1 ***-0396/2.2* SECTION 1389.** 50.03 (5g) (cm) of the statutes is created to read:

2 50.03 (5g) (cm) If the department imposes a sanction on or takes other
3 enforcement action against a community-based residential facility for a violation of
4 this subchapter or rules promulgated under it, and the department subsequently
5 conducts an on-site inspection of the community-based residential facility to review
6 the community-based residential facility's action to correct the violation, the
7 department may impose a \$200 inspection fee on the community-based residential
8 facility.

9 ***-0659/P4.10* SECTION 1390.** 50.031 of the statutes is created to read:

10 **50.031 Certification of 1-bed and 2-bed adult family homes. (1)**

11 DEFINITION. In this section, "adult family home" has the meaning given in s. 50.01
12 (1) (c).

13 (2) CERTIFICATION. (a) After the date on which the family care benefit under
14 s. 46.286 is first made available in a county, no person may operate an adult family
15 home in that county that provides residential care to a recipient of supplemental
16 security income under 42 USC 1381 to 1383c, a recipient of the family care benefit
17 under s. 46.286, or a recipient of services under s. 46.27 (11), 46.275, 46.277, 46.278,
18 or 46.2785, or under any other program operated under a waiver authorized by the
19 secretary at the U.S. department of health and human services under 42 USC 1396n
20 (b) or (c), unless the adult family home is certified by the department under par. (b)
21 or (c).

22 (b) The department shall certify an adult family home upon determining that
23 the adult family home satisfies standards established under sub. (3).

24 (c) The department shall certify an adult family home that was certified to
25 receive payment for residential care under s. 46.27 (11), 46.275, 46.277, 46.278, or

1 46.2785 by a county department under s. 46.215, 46.22, 46.23, 51.42, or 51.437 if the
2 operator of the adult family home attests to all of the following:

3 1. That the adult family home was certified by the county department and is
4 at the same location as when certified by the county department.

5 2. That the adult family home satisfies standards established under sub. (3).

6 (d) Certification under par. (b) or (c) shall be valid until revoked by the
7 department.

8 (3) STANDARDS. The department shall establish standards for certification
9 under this section.

10 (4) INVESTIGATION. The department may investigate complaints that an adult
11 family home certified under this section violated a standard for certification under
12 sub. (3).

13 (5) REVOCATION. The department may revoke the certification of an adult
14 family home that is certified under this section if the adult family home violates a
15 standard established under sub. (3).

16 (6) FEE. The department may charge a fee for certification under sub. (2) (a)
17 and a fee for a certification under sub. (2) (b).

18 *-1308/1.30* SECTION 1391. 50.032 (2) of the statutes is amended to read:

19 50.032 (2) REGULATION. Standards Except as provided in sub. (2d), standards
20 for operation of certified adult family homes and procedures for application for
21 certification, monitoring, inspection, decertification and appeal of decertification
22 under this section shall be under rules promulgated by the department under s.
23 50.02 (2) (am) 1. An adult family home certification is valid until decertified under
24 this section. Certification is not transferable.

25 *-1308/1.31* SECTION 1392. 50.032 (2d) of the statutes is created to read:

1 50.032 (2d) ACCOMPANIMENT OR VISITATION. If an adult family home has a policy
2 on who may accompany or visit a patient, the adult family home shall extend the
3 same right of accompaniment or visitation to a patient's domestic partner under
4 ch.770 as is accorded the spouse of a patient under the policy.

 ***NOTE: This draft deletes the treatment of s. 50.033 (2), which is treated in
LRB-0395/1.

5 *-0395/2.2* SECTION 1393. 50.033 (2) of the statutes is amended to read:

6 50.033 (2) REGULATION. Standards Except as provided in sub. (2d), standards
7 for operation of licensed adult family homes and procedures for application for
8 licensure, monitoring, inspection, revocation and appeal of revocation under this
9 section shall be under rules promulgated by the department under s. 50.02 (2) (am)
10 2. An adult family home licensure is valid until revoked under this section.
11 Licensure is not transferable. The biennial licensure fee for a licensed adult family
12 home is \$135 \$171, except that the department may, by rule, increase the amount of
13 the fee. The fee is payable to the county department under s. 46.215, 46.22, 46.23,
14 51.42 or 51.437, if the county department licenses the adult family home under sub.
15 (1m) (b), and is payable to the department, on a schedule determined by the
16 department if the department licenses the adult family home under sub. (1m) (b).

 ***NOTE: This is reconciled s. 50.033 (2). This SECTION has been affected by drafts
with the following LRB numbers: -0395/1 and -1308/P3.

17 *-1308/1.32* SECTION 1394. 50.033 (2d) of the statutes is created to read:

18 50.033 (2d) ACCOMPANIMENT OR VISITATION. If an adult family home has a policy
19 on who may accompany or visit a patient, the adult family home shall extend the
20 same right of accompaniment or visitation to a patient's domestic partner under ch.
21 770 as is accorded the spouse of a patient under the policy.

22 *-0396/2.3* SECTION 1395. 50.033 (3) of the statutes is amended to read:

1 50.033 (3) INVESTIGATION OF ALLEGED VIOLATIONS. If the department or a
2 licensing county department under sub. (1m) (b) is advised or has reason to believe
3 that any person is violating this section or the rules promulgated under s. 50.02 (2)
4 (am) 2., the department or the licensing county department shall make an
5 investigation to determine the facts. For the purposes of this investigation, the
6 department or the licensing county department may inspect the premises where the
7 violation is alleged to occur. If the department or the licensing county department
8 finds that the requirements of this section and of rules under s. 50.02 (2) (am) 2. are
9 met, the department or the licensing county department may, if the premises are not
10 licensed, license the premises under this section. If the department or the licensing
11 county department finds that a person is violating this section or the rules under s.
12 50.02 (2) (am) 2., the department or the licensing county department may institute
13 an action under sub. (5). If the department takes enforcement action against an
14 adult family home for violating this section or rules promulgated under s. 50.02 (2)
15 (am) 2., and the department subsequently conducts an on-site inspection of the adult
16 family home to review the adult family home's action to correct the violation, the
17 department may impose a \$200 inspection fee on the adult family home.

18 *-1308/1.33* **SECTION 1396.** 50.034 (3) (e) of the statutes is created to read:

19 50.034 (3) (e) If a residential care apartment complex has a policy on who may
20 accompany or visit a patient, the residential care apartment complex shall extend
21 the same right of accompaniment or visitation to a patient's domestic partner under
22 ch. 770 as is accorded the spouse of a patient under the policy.

23 *-0304/1.1* **SECTION 1397.** 50.034 (5t) of the statutes is created to read:

24 50.034 (5t) NOTICE OF LONG-TERM CARE OMBUDSMAN PROGRAM. A residential
25 care complex shall post in a conspicuous location in the residential care apartment

1 complex a notice, provided by the board on aging and long-term care, of the name,
2 address, and telephone number of the Long-Term Care Ombudsman Program under
3 s. 16.009 (2) (b).

4 ***-0396/2.4* SECTION 1398.** 50.034 (10) of the statutes is created to read:

5 50.034 (10) INSPECTION FEE. If the department takes enforcement action
6 against a residential care apartment complex for a violation of this section or rules
7 promulgated under sub. (2), and the department subsequently conducts an on-site
8 inspection of the residential care apartment complex to review the residential care
9 apartment complex's action to correct the violation, the department may impose a
10 \$200 inspection fee on the residential care apartment complex.

11 ***-1308/1.35* SECTION 1399.** 50.035 (2d) of the statutes is created to read:

12 50.035 (2d) ACCOMPANIMENT OR VISITATION. If a community-based residential
13 facility has a policy on who may accompany or visit a patient, the community-based
14 residential facility shall extend the same right of accompaniment or visitation to a
15 patient's domestic partner under ch. 770 as is accorded the spouse of a patient under
16 the policy.

17 ***-0395/2.3* SECTION 1400.** 50.037 (2) (a) of the statutes is renumbered 50.037
18 (2) (a) 1. and amended to read:

19 50.037 (2) (a) 1. The Except as provided in subd. 2., the biennial fee for a
20 community-based residential facility is ~~\$306~~ \$389, plus a biennial fee of ~~\$39.60~~
21 \$50.25 per resident, based on the number of residents that the facility is licensed to
22 serve.

23 ***-0395/2.4* SECTION 1401.** 50.037 (2) (a) 2. of the statutes is created to read:

24 50.037 (2) (a) 2. The department may, by rule, increase the amount of the fee
25 under subd. 1.

1 ***-1308/1.37* SECTION 1402.** 50.04 (2d) of the statutes is created to read:

2 **50.04 (2d) ACCOMPANIMENT OR VISITATION.** If a nursing home has a policy on who
3 may accompany or visit a patient, the nursing home shall extend the same right of
4 accompaniment or visitation to a patient's domestic partner under ch. 770 as is
5 accorded the spouse of a patient under the policy.

6 ***-0396/2.5* SECTION 1403.** 50.04 (4) (dm) of the statutes is created to read:

7 **50.04 (4) (dm) *Inspection fee.*** If the department takes enforcement action
8 against a nursing home, including an intermediate care facility for the mentally
9 retarded, as defined in 42 USC 1396d (d), for a violation of this subchapter or rules
10 promulgated under it or for a violation of a requirement under 42 USC 1396r, and
11 the department subsequently conducts an on-site inspection of the nursing home to
12 review the nursing home's action to correct the violation, the department may, unless
13 the nursing home is operated by the state, impose a \$200 inspection fee on the
14 nursing home.

15 ***-1288/1.1* SECTION 1404.** 50.04 (4) (e) 1. of the statutes is amended to read:

16 **50.04 (4) (e) 1.** If a nursing home desires to contest any department action
17 under this subsection, it shall send a written request for a hearing under s. 227.44
18 to the division of hearings and appeals created under s. 15.103 (1) within ~~10~~ 60 days
19 of receipt of notice of the contested action. Department action that is subject to a
20 hearing under this subsection includes service of a notice of a violation of this
21 subchapter or rules promulgated under this subchapter, a notation in the report
22 under sub. (3) (b), imposition of a plan of correction, and rejection of a nursing home's
23 plan of correction, but does not include a correction order. Upon the request of the
24 nursing home, the division shall grant a stay of the hearing under this paragraph
25 until the department assesses a forfeiture, so that its hearing under this paragraph

1 is consolidated with the forfeiture appeal hearing held under sub. (5) (e). All agency
2 action under this subsection arising out of a violation, deficiency, or rejection and
3 imposition of a plan of correction shall be the subject of a single hearing. Unless a
4 stay is granted under this paragraph, the division shall commence the hearing
5 within 30 days of the request for hearing, within 30 days of the department's
6 acceptance of a nursing home's plan of correction, or within 30 days of the
7 department's imposition of a plan of correction, whichever is later. The division shall
8 send notice to the nursing home in conformance with s. 227.44. Issues litigated at
9 the hearing may not be relitigated at subsequent hearings under this paragraph
10 arising out of the same violation or deficiency.

11 ***-1288/1.2* SECTION 1405.** 50.04 (5) (e) of the statutes is amended to read:

12 50.04 (5) (e) *Forfeiture appeal hearing.* A nursing home may contest an
13 assessment of forfeiture by sending, within ~~10~~ 60 days after receipt of notice of a
14 contested action, a written request for hearing under s. 227.44 to the division of
15 hearings and appeals created under s. 15.103 (1). The administrator of the division
16 may designate a hearing examiner to preside over the case and recommend a decision
17 to the administrator under s. 227.46. The decision of the administrator of the
18 division shall be the final administrative decision. The division shall commence the
19 hearing within 30 days of receipt of the request for hearing and shall issue a final
20 decision within 15 days after the close of the hearing. Proceedings before the division
21 are governed by ch. 227. In any petition for judicial review of a decision by the
22 division, the party, other than the petitioner, who was in the proceeding before the
23 division shall be the named respondent.

24 ***-1458/3.6* SECTION 1406.** 50.04 (5) (fr) of the statutes is repealed.

25 ***-1288/1.3* SECTION 1407.** 50.05 (1) (dg) of the statutes is created to read:

1 50.05 (1) (dg) "Medicare" means 42 USC 1395 to 1395hhh.

2 *-1288/1.4* **SECTION 1408.** 50.05 (2) (g) of the statutes is created to read:

3 50.05 (2) (g) The department or the facility determines that estimated
4 operating expenditures of the facility significantly exceed anticipated revenues for
5 the facility.

6 *-1288/1.5* **SECTION 1409.** 50.05 (2) (h) of the statutes is created to read:

7 50.05 (2) (h) The facility or facility's operator has been charged with or
8 convicted of an offense specified under s. 49.49 or 940.295, or a Medicare violation
9 under 42 USC 1320a-7a, 1320a-7b, or 1320a-8.

10 *-1288/1.6* **SECTION 1410.** 50.05 (3) of the statutes is amended to read:

11 50.05 (3) **MONITOR.** In any situation described in sub. (2), the department may
12 place a person to act as monitor in the facility. The monitor shall observe operation
13 of the facility, assist the facility by advising it on how to comply with state
14 regulations, and shall periodically submit to the department a written report
15 periodically to the department on the operation of the facility. The monitor may
16 assist in the financial management of the facility. The department may require
17 payment by the operator or controlling person of the facility for the costs of placement
18 of a person to act as monitor in the facility.

19 *-1308/1.40* **SECTION 1411.** 50.06 (2) (am) 2. b. of the statutes is amended to
20 read:

21 50.06 (2) (am) 2. b. The individual who is consenting to the proposed admission
22 is the spouse or domestic partner under ch. 770 of the incapacitated person.

23 *-1308/1.41* **SECTION 1412.** 50.06 (3) (a) of the statutes is amended to read:

24 50.06 (3) (a) The spouse or domestic partner under ch. 770 of the incapacitated
25 individual.

1 *-0884/3.210* SECTION 1413. 50.065 (1) (c) 2. of the statutes is repealed.

2 *-1458/3.7* SECTION 1414. 50.065 (5d) (a) 4. of the statutes is repealed.

3 *-1458/3.8* SECTION 1415. 50.065 (5g) of the statutes is repealed.

4 *-1308/1.42* SECTION 1416. 50.09 (1) (f) 1. of the statutes is amended to read:

5 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses
6 or both domestic partners under ch.770 are residents of the same facility, they the
7 spouses or domestic partners shall be permitted to share a room unless medically
8 contraindicated as documented by the resident's physician or advanced practice
9 nurse prescriber in the resident's medical record.

10 *-0397/4.3* SECTION 1417. 50.14 (2) (am) of the statutes is amended to read:

11 50.14 (2) (am) For nursing homes, an amount not to exceed \$75 \$150 in state
12 fiscal year 2009-10, and, beginning in state fiscal year 2010-11, an amount not to
13 exceed \$170.

14 *-1308/1.43* SECTION 1418. 50.36 (3j) of the statutes is created to read:

15 50.36 (3j) If a hospital has a policy on who may accompany or visit a patient,
16 the hospital shall extend the same right of accompaniment or visitation to a patient's
17 domestic partner under ch. 770 as is accorded the spouse of a patient under the policy.

18 *-0396/2.6* SECTION 1419. 50.36 (4) of the statutes is amended to read:

19 50.36 (4) The department shall make or cause to be made such inspections and
20 investigation, as are reasonably deemed necessary to obtain compliance with the
21 rules and standards. It shall afford an opportunity for representatives of the
22 hospitals to consult with members of the staff of the department concerning
23 compliance and noncompliance with rules and standards. If the department takes
24 enforcement action against a hospital for a violation of ss. 50.32 to 50.39, or rules
25 promulgated or standards adopted under ss. 50.32 to 50.39, and the department

1 subsequently conducts an on-site inspection of the hospital to review the hospital's
2 action to correct the violation, the department may, unless the hospital is operated
3 by the state, impose a \$200 inspection fee on the hospital.

4 ***-1308/1.45* SECTION 1420.** 50.389 of the statutes is renumbered 50.38. 97

5 ***-0396/2.7* SECTION 1421.** 50.49 (4) of the statutes is amended to read:

6 50.49 (4) LICENSING, INSPECTION AND REGULATION. Except as provided in sub.
7 (6m), the department may register, license, inspect and regulate home health
8 agencies as provided in this section. The department shall ensure, in its inspections
9 of home health agencies, that a sampling of records from private pay patients are
10 reviewed. The department shall select the patients who shall receive home visits as
11 a part of the inspection. Results of the inspections shall be made available to the
12 public at each of the regional offices of the department. If the department takes
13 enforcement action against a home health agency for a violation of this section or
14 rules promulgated under this section, and the department subsequently conducts an
15 on-site inspection of the home health agency to review the home health agency's
16 action to correct the violation, the department may impose a \$200 inspection fee on
17 the home health agency.

18 ***-0396/2.8* SECTION 1422.** 50.93 (5) of the statutes is created to read:

19 50.93 (5) INSPECTION FEE. If the department takes enforcement action against
20 a hospice for a violation of this subchapter or rules promulgated under this
21 subchapter, and the department subsequently conducts an on-site inspection of the
22 hospice to review the hospice's action to correct the violation, the department may
23 impose a \$200 inspection fee on the hospice.

24 ***-1308/1.46* SECTION 1423.** 50.94 (3) (a) of the statutes is amended to read:

1 50.94 (3) (a) The spouse or domestic partner under ch. 770 of the person who
2 is incapacitated.

3 *-1308/1.47* SECTION 1424. 50.942 of the statutes is created to read:

4 **50.942 Accompaniment or visitation.** If a hospice has a policy on who may
5 accompany or visit a patient, the hospice shall extend the same right of
6 accompaniment or visitation to a patient's domestic partner under ch. 770 as is
7 accorded the spouse of a patient under the policy.

8 *-1308/1.48* SECTION 1425. 50.95 (1) of the statutes is amended to read:

9 50.95 (1) Standards Except as provided in s. 50.942, standards for the care,
10 treatment, health, safety, rights, welfare and comfort of individuals with terminal
11 illness, their families and other individuals who receive palliative care or supportive
12 care from a hospice and the maintenance, general hygiene and operation of a hospice,
13 which will permit the use of advancing knowledge to promote safe and adequate care
14 and treatment for these individuals. These standards shall permit provision of
15 services directly, as required under 42 CFR 418.56, or by contract under which
16 overall coordination of hospice services is maintained by hospice staff members and
17 the hospice retains the responsibility for planning and coordination of hospice
18 services and care on behalf of a hospice client and his or her family, if any.

19 *-1571/P2.3* SECTION 1426. 51.15 (2) (c) of the statutes is amended to read:

20 51.15 (2) (c) A state treatment facility, if the county department of community
21 programs in the individual's county of residence approves the individual's detention
22 in the state treatment facility; or

23 *-1571/P2.4* SECTION 1427. 51.22 (1) of the statutes is amended to read:

24 51.22 (1) Except as provided in s. 51.20 (13) (a) 4. or 5., any person committed
25 under this chapter shall be committed to the county department under s. 51.42 or

1 51.437 serving the person's county of residence, and such county department shall
2 authorize placement of the person in an appropriate facility for care, custody and
3 treatment according to s. 51.42 (3) (as) ~~1.~~ 1r. or 51.437 (4rm) (a).

4 ***-1571/P2.5* SECTION 1428.** 51.22 (2) of the statutes is amended to read:

5 51.22 (2) Except for admissions that do not involve the department or a county
6 department under s. 51.42 or 51.437 or a contract between a treatment facility and
7 the department or a county department, admissions under ss. 51.10, 51.13, and 51.45
8 (10) shall be through the county department under s. 51.42 or 51.437 serving the
9 person's county of residence, or through the department if the person to be admitted
10 is a nonresident of this state. Admissions through a county department under s.
11 51.42 or 51.437 shall be made in accordance with s. 51.42 (3) (as) ~~1.~~ 1r. or 51.437 (4rm)
12 (a). Admissions through the department shall be made in accordance with sub. (3).

13 ***-0511/P1.1* SECTION 1429.** 51.30 (4) (b) 8m. of the statutes is amended to
14 read:

15 51.30 (4) (b) 8m. To appropriate examiners, investigators, and facilities in
16 accordance with ~~s. ss.~~ ss. 54.36 (3), and 971.17 (2) (e), (4) (c), and (7) (c). The recipient
17 of any information from the records shall keep the information confidential except
18 as necessary to comply with s. 971.17.

19 ***-1308/1.49* SECTION 1430.** 51.30 (4) (b) 20. (intro.) of the statutes is amended
20 to read:

21 51.30 (4) (b) 20. (intro.) Except with respect to the treatment records of a
22 subject individual who is receiving or has received services for alcoholism or drug
23 dependence, to the spouse, domestic partner under ch. 770, parent, adult child or
24 sibling of a subject individual, if the spouse, domestic partner, parent, adult child or
25 sibling is directly involved in providing care to or monitoring the treatment of the

1 subject individual and if the involvement is verified by the subject individual's
2 physician, psychologist or by a person other than the spouse, domestic partner,
3 parent, adult child or sibling who is responsible for providing treatment to the
4 subject individual, in order to assist in the provision of care or monitoring of
5 treatment. Except in an emergency as determined by the person verifying the
6 involvement of the spouse, domestic partner, parent, adult child or sibling, the
7 request for treatment records under this subdivision shall be in writing, by the
8 requester. Unless the subject individual has been adjudicated incompetent in this
9 state, the person verifying the involvement of the spouse, domestic partner, parent,
10 adult child or sibling shall notify the subject individual about the release of his or her
11 treatment records under this subdivision. Treatment records released under this
12 subdivision are limited to the following:

13 ***-1308/1.50* SECTION 1431.** 51.30 (4) (cm) (intro.) of the statutes is amended
14 to read:

15 51.30 (4) (cm) *Required access to certain information.* (intro.) Notwithstanding
16 par. (a), treatment records of an individual shall, upon request, be released without
17 informed written consent, except as restricted under par. (c), to the parent, child,
18 sibling, ~~or spouse,~~ or domestic partner under ch. 770 of an individual who is or was
19 a patient at an inpatient facility; to a law enforcement officer who is seeking to
20 determine whether an individual is on unauthorized absence from the facility; and
21 to mental health professionals who are providing treatment to the individual at the
22 time that the information is released to others. Information released under this
23 paragraph is limited to notice as to whether or not an individual is a patient at the
24 inpatient facility and, if the individual is no longer a patient at the inpatient facility,

1 the facility or other place, if known, at which the individual is located. This
2 paragraph does not apply under any of the following circumstances:

3 ***-1308/1.51* SECTION 1432.** 51.30 (4) (cm) 1. of the statutes is amended to
4 read:

5 51.30 (4) (cm) 1. To the individual's parent, child, sibling, ~~or spouse, or domestic~~
6 partner under ch. 770 who is requesting information, if the individual has
7 specifically requested that the information be withheld from the parent, child,
8 sibling, ~~or spouse, or domestic partner~~.

9 ***-1571/P2.6* SECTION 1433.** 51.42 (3) (as) 1. of the statutes is renumbered
10 51.42 (3) (as) 1r. and amended to read:

11 51.42 (3) (as) 1r. A county department of ~~community programs~~ shall authorize
12 all care of any patient in a state, local, or private facility under a contractual
13 agreement between the county department of ~~community programs~~ and the facility,
14 unless the county department of ~~community programs~~ governs the facility. The need
15 for inpatient care shall be determined by the program director or designee in
16 consultation with and upon the recommendation of a licensed physician trained in
17 psychiatry and employed by the county department of ~~community programs~~ or its
18 contract agency. In cases of emergency, a facility under contract with any county
19 department of ~~community programs~~ shall charge the county department of
20 ~~community programs~~ having jurisdiction in the county where the patient is found.
21 The county department of ~~community programs~~ shall reimburse the facility for the
22 actual cost of all authorized care and services less applicable collections under s.
23 46.036, unless the department of health services determines that a charge is
24 administratively infeasible, or unless the department of health services, after
25 individual review, determines that the charge is not attributable to the cost of basic

1 care and services. Except as provided in subd. 1m., a county department of
2 ~~community programs~~ may not reimburse any state institution or receive credit for
3 collections for care received in a state institution by nonresidents of this state,
4 interstate compact clients, transfers under s. 51.35 (3), transfers from Wisconsin
5 state prisons under s. 51.37 (5) (a), commitments under s. 975.01, 1977 stats., or s.
6 975.02, 1977 stats., or s. 971.14, 971.17 or 975.06 or admissions under s. 975.17, 1977
7 stats., or children placed in the guardianship of the department of children and
8 families under s. 48.427 or 48.43 or under the supervision of the department of
9 corrections under s. 938.183 or 938.355. The exclusionary provisions of s. 46.03 (18)
10 do not apply to direct and indirect costs that are attributable to care and treatment
11 of the client.

12 ***-1571/P2.7* SECTION 1434.** 51.42 (3) (as) 1g. of the statutes is created to read:

13 51.42 (3) (as) 1g. In this paragraph, "county department" means county
14 department of community programs.

15 ***-1571/P2.8* SECTION 1435.** 51.42 (3) (as) 1m. of the statutes is amended to
16 read:

17 51.42 (3) (as) 1m. A county department of ~~community programs~~ shall
18 reimburse a mental health institute at the institute's daily rate for custody of any
19 person who is ordered by a court located in that county to be examined at the mental
20 health institute under s. 971.14 (2) for all days that the person remains in custody
21 at the mental health institute, beginning 48 hours, not including Saturdays,
22 Sundays, and legal holidays, after the sheriff and county department receive notice
23 under s. 971.14 (2) (d) that the examination has been completed.

24 ***-1571/P2.9* SECTION 1436.** 51.42 (3) (as) 2. of the statutes is amended to read:

1 51.42 (3) (as) 2. If a mental health institute has provided a county department
2 ~~of community programs~~ with service, the department of health services shall
3 regularly ~~bill~~ collect for the cost of care from the county department ~~of community~~
4 ~~programs, except as provided under subd. 2m.~~ If collections for care from the county
5 department and from other sources exceed current billings, the difference shall be
6 remitted to the county department ~~of community programs~~ through the
7 appropriation under s. 20.435 (2) (gk). For care provided on and after February 1,
8 1979, the department of health services shall adjust collections from medical
9 assistance to compensate for differences between specific rate scales for care charged
10 to the county department ~~of community programs~~ and the average daily medical
11 assistance reimbursement rate. ~~Payment shall be due from the county department~~
12 ~~of community programs within 60 days of the billing date subject to provisions of the~~
13 ~~contract. If any payment has not been received within 60 days, the~~ The department
14 of health services shall deduct ~~all or part of the amount~~ due from a county
15 department under this subdivision from any payment due from the department of
16 health services to the county department ~~of community programs~~.

17 ***-1571/P2.10* SECTION 1437.** 51.42 (3) (as) 2m. of the statutes is repealed.

18 ***-1571/P2.11* SECTION 1438.** 51.42 (3) (as) 3. of the statutes is amended to
19 read:

20 51.42 (3) (as) 3. Care, services and supplies provided after December 31, 1973,
21 to any person who, on December 31, 1973, was in or under the supervision of a
22 mental health institute, or was receiving mental health services in a facility
23 authorized by s. 51.08 or 51.09, but was not admitted to a mental health institute by
24 the department of health services, shall be charged to the county department of
25 ~~community programs~~ which was responsible for such care and services at the place

1 where the patient resided when admitted to the institution. The department of
2 health services may bill county departments of ~~community programs~~ for care
3 provided at the mental health institutes at rates which the department of health
4 services sets on a flexible basis, except that this flexible rate structure shall cover the
5 cost of operations of the mental health institutes.

6 ***-0247/2.158* SECTION 1439.** 51.421 (3) (e) of the statutes is amended to read:

7 51.421 (3) (e) Distribute, from the appropriation account under s. 20.435 (7) (5)
8 (bL), moneys in each fiscal year for community support program services.

9 ***-0247/2.159* SECTION 1440.** 51.423 (3) of the statutes is amended to read:

10 51.423 (3) From the appropriation account under s. 20.435 (7) (5) (bL), the
11 department shall award one-time grants to applying counties that currently do not
12 operate certified community support programs, to enable uncertified community
13 support programs to meet requirements for certification as providers of medical
14 assistance services.

15 ***-0247/2.160* SECTION 1441.** 51.423 (11) of the statutes is amended to read:

16 51.423 (11) Each county department under s. 51.42 or 51.437, or both, shall
17 apply all funds it receives under subs. (1) to (7) to provide the services required under
18 ss. 51.42, 51.437 and 51.45 (2) (g) to meet the needs for service quality and
19 accessibility of the persons in its jurisdiction, except that the county department may
20 pay for inpatient treatment only with funds designated by the department for
21 inpatient treatment. The county department may expand programs and services
22 with county funds not used to match state funds under this section subject to the
23 approval of the county board of supervisors in a county with a single-county
24 department or the county boards of supervisors in counties with multicounty
25 departments and with other local or private funds subject to the approval of the

1 department and the county board of supervisors in a county with a single-county
2 department under s. 51.42 or 51.437 or the county boards of supervisors in counties
3 with a multicounty department under s. 51.42 or 51.437. The county board of
4 supervisors in a county with a single-county department under s. 51.42 or 51.437 or
5 the county boards of supervisors in counties with a multicounty department under
6 s. 51.42 or 51.437 may delegate the authority to expand programs and services to the
7 county department under s. 51.42 or 51.437. The county department under s. 51.42
8 or 51.437 shall report to the department all county funds allocated to the county
9 department under s. 51.42 or 51.437 and the use of such funds. Moneys collected
10 under s. 46.10 shall be applied to cover the costs of primary services, exceptional and
11 specialized services or to reimburse supplemental appropriations funded by
12 counties. County departments under ss. 51.42 and 51.437 shall include collections
13 made on and after October 1, 1978, by the department that are subject to s. 46.10 (8m)
14 (a) 3. and 4. and are distributed to county departments under ss. 51.42 and 51.437
15 from the appropriation account under s. 20.435 (~~7~~) (5) (gg), as revenues on their
16 grant-in-aid expenditure reports to the department.

17 ***-0376/P4.19* SECTION 1442.** 51.437 (4rm) (d) of the statutes is created to
18 read:

19 51.437 (~~4rm~~) (d) Notwithstanding pars. (a) to (c), for individuals receiving the
20 family care benefit under s. 46.286, the care management organization that manages
21 the family care benefit for the recipient shall pay the portion of the payment that is
22 for services that are covered under the family care benefit; the department shall pay
23 the remainder of the payment.

24 ***-1458/3.9* SECTION 1443.** 51.44 (5) (c) of the statutes is repealed.

25 ***-1458/3.10* SECTION 1444.** 51.45 (4) (p) of the statutes is repealed.

1 *-1382/P5.36* SECTION 1445. Chapter 52 of the statutes is created to read:

2 **CHAPTER 52**

3 **QUALITY HOME CARE**

4 **52.01 Definitions.** In this chapter:

5 (1) "Authority" means the Wisconsin Quality Home Care Authority.

6 (2) "Board" means the board of directors of the authority.

7 (3) "Care management organization" has the meaning given in s. 46.2805 (1).

8 (4) "Department" means the department of health services.

9 (5) "Family Care Program" means the benefit program described in s. 46.286.

10 (6) "Home care provider" means an individual who is a qualified provider under
11 s. 46.2898 (1) (d).

12 (7) "Medical assistance waiver program" means a program operated under a
13 waiver from the secretary of the U.S. department of health and human services
14 under 42 USC 1396n (c) or 42 USC 1396n (b) and (c).

15 (8) "Program of All-Inclusive Care for the Elderly" means the program
16 operated under 42 USC 1396u-4.

17 **52.05 Creation and organization of authority.** (1) CREATION AND
18 MEMBERSHIP OF BOARD. There is created a public body corporate and politic to be
19 known as the "Wisconsin Quality Home Care Authority." The members of the board
20 shall consist of the following members:

21 (a) The secretary of the department of health services or his or her designee.

22 (b) The secretary of the department of workforce development or his or her
23 designee.

24 (c) The following, to be appointed by the governor to serve 3 year terms:

25 1. One representative from the state assembly.

1 2. One representative from the state senate.

2 3. One representative of care management organizations.

3 4. One representative of county departments, under 46.215, 46.22, 46.23,
4 51.42, or 51.437, selected from counties where the Family Care Program is not
5 available.

6 5. One representative of the board for people with developmental disabilities.

7 6. One representative of the council on physical disabilities.

8 7. One representative of the council on mental health.

9 8. One representative of the board on aging and long-term care.

10 9. Eleven individuals, each of whom is a current or former recipient of home
11 care services through the Family Care Program or a medical assistance waiver
12 program or an advocate for or representative of consumers of home care services.

13 (3) CHAIRPERSON. Annually, the governor shall appoint one member of the
14 board to serve as the chairperson.

15 (4) EXECUTIVE COMMITTEE. (a) The board shall elect an executive committee.
16 The executive committee shall consist of the chair of the board, the secretary of the
17 department of health services or his or her designee, the secretary of the department
18 of workforce development or his or her designee, and 3 persons selected from board
19 members appointed under sub. (1) (c) 9.

20 (b) The executive committee may do the following:

21 1. Hire an executive director who is not a member of the board and serves at
22 the pleasure of the board.

23 2. Hire employees to carry out the duties of the authority.

24 3. Engage in contracts for services to carry out the duties of the authority.

1 (5) TERM. The terms of members of the board appointed under sub. (1) (c) shall
2 expire on July 1.

3 (6) QUORUM. A majority of the members of the board constitutes a quorum for
4 the purpose of conducting its business and exercising its powers and for all other
5 purposes, notwithstanding the existence of any vacancies. Action may be taken by
6 the board upon a vote of a majority of the members present. Meetings of the members
7 of the board may be held anywhere within the state.

8 (7) VACANCIES. Each member of the board shall hold office until a successor is
9 appointed and qualified unless the member vacates or is removed from his or her
10 office. A member who serves as a result of holding another office or position vacates
11 his or her office as a member when he or she vacates the other office or position. A
12 member who ceases to qualify for office vacates his or her office. A vacancy on the
13 board shall be filled in the same manner as the original appointment to the board for
14 the remainder of the unexpired term, if any.

15 (8) COMPENSATION. The members of the board are not entitled to compensation
16 for the performance of their duties. The authority may reimburse members of the
17 board for actual and necessary expenses incurred in the discharge of their official
18 duties as provided by the board.

19 (9) EMPLOYMENT OF BOARD MEMBER. It is not a conflict of interest for a board
20 member to engage in private or public employment or in a profession or business,
21 except to the extent prohibited by law, while serving as a member of the board.

22 **52.10 Powers of authority.** The authority shall have all the powers
23 necessary or convenient to carry out the purposes and provisions of this chapter and
24 s. 46.2898. In addition to all other powers granted the authority under this chapter,
25 the authority may:

1 (1) Adopt policies and procedures to govern its proceedings and to carry out its
2 duties as specified in this chapter.

3 (2) Employ, appoint, engage, compensate, transfer, or discharge necessary
4 personnel.

5 (3) Make or enter into contracts, including contracts for the provision of legal
6 or accounting services.

7 (4) Award grants for the purposes set forth in this chapter.

8 (5) Buy, lease, or sell real or personal property.

9 (6) Sue and be sued.

10 (7) Accept gifts, grants, or assistance funds and use them for the purposes of
11 this chapter.

12 (8) Collect fees for its services.

13 **52.20 Duties of authority.** The authority shall:

14 (1) Establish and maintain a registry of home care providers and provide
15 referral services for individuals meeting the criteria in s. 46.2898 (3) in need of home
16 care services.

17 (2) Determine the eligibility of individuals for placement on the registry. For
18 purposes of determining eligibility, the authority shall apply the criteria described
19 in s. 46.2898 (1) (d), including any qualifying criteria established by the department
20 under s. 46.2898 (7). The authority shall also develop an appeal process for denial
21 of placement on or removal of a provider from the registry consistent with the terms
22 of the medical assistance waiver programs, the Family Care Program, an
23 amendment to the state medical assistance plan under 42 USC 1396n (j), or the
24 Program of All-Inclusive Care for the Elderly, as determined by the department.

1 (3) Comply with any conditions necessary for individuals receiving home care
2 services to receive federal medical assistance funding through a medical assistance
3 waiver program, the Family Care Program, an amendment to the state medical
4 assistance plan under 42 USC 1396n (j), or the Program of All-Inclusive Care for the
5 Elderly.

6 (4) Develop and operate recruitment and retention programs to expand the
7 pool of home care providers qualified and available to provide home care services to
8 consumers.

9 (5) Maintain a list of home care providers included in a collective bargaining
10 unit under s. 111.825 (2g).

11 (6) Notify home care providers providing home care services of any procedures
12 for remaining a qualified provider under s. 46.2898 (1) (d) set forth by the department
13 or the authority and of the terms of a collective bargaining agreement under subch.
14 V of ch. 111.

15 (7) Provide orientation activities and skills training for home care providers.

16 (8) Provide training and support for individuals hiring a home care provider
17 regarding the duties and responsibilities of employers and skills needed to be
18 effective employers.

19 (9) Inform consumers of the experience and qualifications of home care
20 providers on the registry and home care providers identified by individual recipients
21 of home care services for employment.

22 (10) Develop and operate a system of backup and respite referrals to home care
23 providers and a 24-hour per day call service for recipients of home care services.

1 (11) Report annually to the governor on the number of home care providers on
2 the registry and the number of home care providers providing services under the
3 authority.

4 (12) Conduct activities to improve the supply and quality of home care
5 providers.

6 **52.30 Liability limited.** (1) The state, any political subdivision of the state,
7 or any officer, employee, or agent of the state or a political subdivision who is acting
8 within the scope of employment or agency is not liable for any debt, obligation, act,
9 or omission of the authority.

10 (2) All expenses incurred by the authority in exercising its duties and powers
11 under this chapter shall be payable only from funds of the authority.

12 **52.40 Health data.** Any health data or identifying information collected by
13 the authority is collected for the purpose of government regulatory and management
14 functions.

15 *-1139/2.8* **SECTION 1446.** 59.58 (6) (a) 1. of the statutes is amended to read:
16 59.58 (6) (a) 1. "Authority" means the regional transit authority created under
17 this subsection.

18 *-1139/3* **SECTION 1447.** 59.58 (6) (cg) 1. of the statutes is renumbered 66.1039
19 (15) and amended to read:

20 66.1039 (15) The ADDITIONAL FUNDING FOR SOUTHEAST REGIONAL TRANSIT
21 AUTHORITY. In addition to any other funding authorized under this section, an
22 authority created under sub. (2) (a) may impose the fees under subch. XIII of ch. 77.

23 *-1139/4* **SECTION 1448.** 59.58 (6) (cg) 2. of the statutes is amended to read:
24 59.58 (6) (cg) 2. The authority shall retain all revenues received under subd.
25 1., 2007 stats., except those expended as authorized under par. (cr), until the

1 authority has submitted the report specified in par. (e) and action on the report is
2 taken by the legislature.

3 ***-1139/4*SECTION 1449.** 59.58 (6) (cg) 3. of the statutes is amended to read:
4 59.58 (6) (cg) 3. The authority may not use any revenues received under subd.
5 1., 2007 stats., for lobbying activities or to contract for lobbying services.

6 ***-1139/2.9* SECTION 1450.** 59.58 (6) (f) of the statutes is created to read:
7 59.58 (6) (f) The authority shall terminate on the first day of the 3rd month
8 beginning after the effective date of this paragraph [LRB inserts date].

9 ***-0659/P4.11* SECTION 1451.** 59.69 (15) (intro.) of the statutes is amended to
10 read:

11 59.69 (15) COMMUNITY AND OTHER LIVING ARRANGEMENTS. (intro.) For purposes
12 of this section, the location of a community living arrangement for adults, as defined
13 in s. 46.03 (22), a community living arrangement for children, as defined in s. 48.743
14 (1), a foster home, as defined in s. 48.02 (6), a treatment foster home, as defined in
15 s. 48.02 (17q), or an adult family home, as defined in s. 50.01 (1) (a) or (b), in any
16 municipality, shall be subject to the following criteria:

17 ***-0884/3.211* SECTION 1452.** 59.69 (15) (intro.) of the statutes, as affected by
18 2009 Wisconsin Act (this act), is amended to read:

19 59.69 (15) COMMUNITY AND OTHER LIVING ARRANGEMENTS. (intro.) For purposes
20 of this section, the location of a community living arrangement for adults, as defined
21 in s. 46.03 (22), a community living arrangement for children, as defined in s. 48.743
22 (1), a foster home, as defined in s. 48.02 (6), ~~a treatment foster home, as defined in~~
23 ~~s. 48.02 (17q)~~, or an adult family home, as defined in s. 50.01 (1) (a) or (b), in any
24 municipality, shall be subject to the following criteria:

****NOTE: This is reconciled s. 59.69 (15) (intro.). This SECTION has been affected by drafts with the following LRB numbers: LRB-0659/P3 and LRB-0884/2.

1 ***-0884/3.212* SECTION 1453.** 59.69 (15) (bm) of the statutes is amended to
2 read:

3 59.69 (15) (bm) A foster home ~~or a treatment foster home~~ that is the primary
4 domicile of a foster parent ~~or treatment foster parent~~ and that is licensed under s.
5 48.62 or an adult family home certified under s. 50.032 (1m) (b) shall be a permitted
6 use in all residential areas and is not subject to pars. (a) and (b) except that foster
7 homes ~~and treatment foster homes~~ operated by corporations, child welfare agencies,
8 religious associations, as defined in s. 157.061 (15), associations, or public agencies
9 shall be subject to pars. (a) and (b).

10 ***-0659/P4.12* SECTION 1454.** 60.63 (intro.) of the statutes is amended to read:

11 **60.63 Community and other living arrangements.** (intro.) For purposes
12 of s. 60.61, the location of a community living arrangement for adults, as defined in
13 s. 46.03 (22), a community living arrangement for children, as defined in s. 48.743
14 (1), a foster home, as defined in s. 48.02 (6), a treatment foster home, as defined in
15 s. 48.02 (17q), or an adult family home, as defined in s. 50.01 (1) (a) or (b), in any town
16 shall be subject to the following criteria:

17 ***-0884/3.213* SECTION 1455.** 60.63 (intro.) of the statutes, as affected by 2009
18 Wisconsin Act (this act), is amended to read:

19 **60.63 Community and other living arrangements.** (intro.) For purposes
20 of s. 60.61, the location of a community living arrangement for adults, as defined in
21 s. 46.03 (22), a community living arrangement for children, as defined in s. 48.743
22 (1), a foster home, as defined in s. 48.02 (6), ~~a treatment foster home, as defined in~~

1 s. 48.02 (17q), or an adult family home, as defined in s. 50.01 (1) (a) or (b), in any town
2 shall be subject to the following criteria:

***NOTE: This is reconciled s. 60.63 (intro.). This SECTION has been affected by
drafts with the following LRB numbers: LRB-0659/P3 and LRB-0884/2.

3 ***-0884/3.214* SECTION 1456.** 60.63 (3) of the statutes is amended to read:

4 60.63 (3) A foster home ~~or a treatment foster home~~ that is the primary domicile
5 of a foster parent ~~or treatment foster parent~~ and that is licensed under s. 48.62 or an
6 adult family home certified under s. 50.032 (1m) (b) shall be a permitted use in all
7 residential areas and is not subject to subs. (1) and (2) except that foster homes and
8 ~~treatment foster homes~~ operated by corporations, child welfare agencies, churches,
9 associations, or public agencies shall be subject to subs. (1) and (2).

10 ***-1093/3.2* SECTION 1457.** 60.85 (6) (am) of the statutes is created to read:

11 60.85 (6) (am) With regard to each district for which the department of revenue
12 authorizes the allocation of a tax increment under par. (a), the department shall
13 charge the town that created the district an annual administrative fee of \$150 that
14 the town shall pay to the department no later than May 15.

15 ***-0659/P4.13* SECTION 1458.** 62.23 (7) (i) (intro.) of the statutes is amended
16 to read:

17 62.23 (7) (i) *Community and other living arrangements.* (intro.) For purposes
18 of this section, the location of a community living arrangement for adults, as defined
19 in s. 46.03 (22), a community living arrangement for children, as defined in s. 48.743
20 55(1), a foster home, as defined in s. 48.02 (6), a treatment foster home, as defined
21 in s. 48.02 (17q), or an adult family home, as defined in s. 50.01 (1) (a) or (b), in any
22 city shall be subject to the following criteria:

1 ***-0884/3.215* SECTION 1459.** 62.23 (7) (i) (intro.) of the statutes, as affected
2 by 2009 Wisconsin Act (this act), is amended to read:

3 62.23 (7) (i) *Community and other living arrangements.* (intro.) For purposes
4 of this section, the location of a community living arrangement for adults, as defined
5 in s. 46.03 (22), a community living arrangement for children, as defined in s. 48.743
6 (1), a foster home, as defined in s. 48.02 (6), ~~a treatment foster home, as defined in~~
7 ~~s. 48.02 (17q),~~ or an adult family home, as defined in s. 50.01 (1) (a) or (b), in any city
8 shall be subject to the following criteria:

 ***NOTE: This is reconciled s. 62.23 (7) (i) (intro.). This SECTION has been affected
by drafts with the following LRB numbers: LRB-0659/P3 and LRB-0884/2.

9 ***-0884/3.216* SECTION 1460.** 62.23 (7) (i) 2m. of the statutes is amended to
10 read:

11 62.23 (7) (i) 2m. A foster home ~~or treatment foster home~~ that is the primary
12 domicile of a foster parent ~~or treatment foster parent~~ and that is licensed under s.
13 48.62 or an adult family home certified under s. 50.032 (1m) (b) shall be a permitted
14 use in all residential areas and is not subject to subds. 1. and 2. except that foster
15 homes ~~and treatment foster homes~~ operated by corporations, child welfare agencies,
16 churches, associations, or public agencies shall be subject to subds. 1. and 2.

17 ***-1693/1.1* SECTION 1461.** 62.62 of the statutes is created to read:

18 **62.62 Appropriation bonds for payment of employee retirement**
19 **system liability in 1st class cities. (1) DEFINITIONS.** In this section:

20 (a) "Appropriation bond" means a bond issued by a city to evidence its
21 obligation to repay a certain amount of borrowed money that is payable from all of
22 the following:

1 1. Moneys annually appropriated by law for debt service due with respect to
2 such appropriation bond in that year.

3 2. Proceeds of the sale of such appropriation bonds.

4 3. Payments received for that purpose under agreements and ancillary
5 arrangements described in s. 62.621.

6 4. Investment earnings on amounts in subds. 1. to 3.

7 (b) "Bond" means any bond, note, or other obligation of a city issued under this
8 section.

9 (c) "City" means a 1st class city.

10 (d) "Common Council" means the common council of a city.

11 (e) "Refunding bond" means an appropriation bond issued to fund or refund all
12 or any part of one or more outstanding pension-related bonds.

13 **(1m) LEGISLATIVE FINDING AND DETERMINATION.** Recognizing that a city, by
14 prepaying part or all of the city's unfunded prior service liability with respect to an
15 employee retirement system of the city, may reduce its costs and better ensure the
16 timely and full payment of retirement benefits to participants and their beneficiaries
17 under the employee retirement system, the legislature finds and determines that it
18 is in the public interest for the city to issue appropriation bonds to obtain proceeds
19 to pay its unfunded prior service liability.

20 **(2) AUTHORIZATION OF APPROPRIATION BONDS.** (a) A common council shall have
21 all powers necessary and convenient to carry out its duties, and to exercise its
22 authority, under this section.

23 (b) Subject to pars. (c) and (d), a common council may issue appropriation bonds
24 under this section to pay all or any part of the city's unfunded prior service liability
25 with respect to an employee retirement system of the city, or to fund or refund

1 outstanding appropriation bonds issued under this section. A city may use proceeds
2 of appropriation bonds to pay issuance or administrative expenses, to make deposits
3 to reserve funds, to pay accrued or funded interest, to pay the costs of credit
4 enhancement, to make payments under other agreements entered into under s.
5 62.621, or to make deposits to stabilization funds established under s. 62.621.

6 (c) Other than refunding bonds issued under sub. (6), all bonds must be issued
7 simultaneously.

8 (d) 1. Before a city may issue appropriation bonds under par. (b), its common
9 council shall enact an ordinance that establishes a 5-year strategic and financial
10 plan related to the payment of all or any part of the city's unfunded prior service
11 liability with respect to an employee retirement system of the city. The strategic and
12 financial plan shall provide that future annual pension liabilities are funded on a
13 current basis. The strategic and financial plan shall contain quantifiable
14 benchmarks to measure compliance with the plan. The common council shall make
15 a determination that the ordinance meets the requirements of this subdivision and,
16 absent manifest error, the common council's determination shall be conclusive. The
17 common council shall submit to the governor and to the chief clerk of each house of
18 the legislature, for distribution to the legislature under s. 13.172 (2), a copy of the
19 strategic and financial plan.

20 2. Annually, the city shall submit to the governor, the department of revenue,
21 and the department of administration, and to the chief clerk of each house of the
22 legislature, for distribution to the legislature under s. 13.172 (2), a report that
23 includes all of the following:

24 a. The city's progress in meeting the benchmarks in the strategic and financial
25 plan.

1 b. Any proposed modifications to the plan.

2 c. The status of any stabilization fund that is established under s. 62.622 (3).

3 d. The most current actuarial report related to the city's employee retirement
4 system.

5 e. The amount, if any, by which the city's contributions to the employee
6 retirement system for the prior year is less than the normal cost contribution for that
7 year as specified in the initial actuarial report for the city's employee retirement
8 system for that year.

9 f. The amount that the actuary determines is the city's required contribution
10 to the employee retirement system for that year.

11 **(2m) PENALTY FOR INADEQUATE CONTRIBUTION.** If the city's contributions to the
12 employee retirement system for the prior year is less than the lower of the required
13 contribution for that year, as described in sub. (2) (d) 2. f., or the normal cost for that
14 year, the department of revenue shall reduce and withhold the amount of the shared
15 revenue payments to the city under subch. I of ch. 79, in the following year, by an
16 amount equal to the difference between the required cost contribution for that prior
17 year and the city's actual contribution in that prior year. The department of revenue
18 shall deposit the amount of the reduced and withheld shared revenue payment into
19 the city's employee retirement system.

20 **(3) TERMS.** (a) A city may borrow moneys and issue appropriation bonds in
21 evidence of the borrowing pursuant to one or more written authorizing resolutions
22 under sub. (4). Unless otherwise provided in an authorizing resolution, the city may
23 issue appropriation bonds at any time, in any specific amounts, at any rates of
24 interest, for any term, payable at any intervals, at any place, in any manner, and
25 having any other terms or conditions that the common council considers necessary

1 or desirable. Appropriation bonds may bear interest at variable or fixed rates, bear
2 no interest, or bear interest payable only at maturity or upon redemption prior to
3 maturity.

4 (b) The common council may authorize appropriation bonds having any
5 provisions for prepayment the common council considers necessary or desirable,
6 including the payment of any premium.

7 (c) Interest shall cease to accrue on an appropriation bond on the date that the
8 appropriation bond becomes due for payment if payment is made or duly provided
9 for.

10 (d) All moneys borrowed by a city that is evidenced by appropriation bonds
11 issued under this section shall be lawful money of the United States, and all
12 appropriation bonds shall be payable in such money.

13 (e) All appropriation bonds owned or held by a fund of the city are outstanding
14 in all respects, and the common council or other governing body controlling the fund
15 shall have the same rights with respect to an appropriation bond as a private party,
16 but if any sinking fund acquires appropriation bonds that gave rise to such fund, the
17 appropriation bonds are considered paid for all purposes and no longer outstanding
18 and shall be canceled as provided in sub. (7) (d).

19 (f) A city shall not be generally liable on appropriation bonds, and
20 appropriation bonds shall not be a debt of the city for any purpose whatsoever.
21 Appropriation bonds, including the principal thereof and interest thereon, shall be
22 payable only from amounts that the common council may, from year to year,
23 appropriate for the payment thereof.

24 (4) PROCEDURES. (a) No appropriation bonds may be issued by a city unless the
25 issuance is pursuant to a written authorizing resolution adopted by a majority of a

1 quorum of the common council. The resolution may be in the form of a resolution or
2 trust indenture, and shall set forth the aggregate principal amount of appropriation
3 bonds authorized thereby, the manner of their sale, and the form and terms thereof.
4 The resolution or trust indenture may establish such funds and accounts, including
5 a reserve fund, as the common council determines.

6 (b) Appropriation bonds may be sold at either public or private sale and may
7 be sold at any price or percentage of par value. All appropriation bonds sold at public
8 sale shall be noticed as provided in the authorizing resolution. Any bid received at
9 public sale may be rejected.

10 (5) FORM. (a) As determined by the common council, appropriation bonds may
11 be issued in book-entry form or in certificated form. Notwithstanding s. 403.104 (1),
12 every evidence of appropriation bond is a negotiable instrument.

13 (b) Every appropriation bond shall be executed in the name of and for the city
14 by the president of the common council and city clerk, and shall be sealed with the
15 seal of the city, if any. Facsimile signatures of either officer may be imprinted in lieu
16 of manual signatures, but the signature of at least one such officer shall be manual.
17 An appropriation bond bearing the manual or facsimile signature of a person in office
18 at the same time the signature was signed or imprinted shall be fully valid
19 notwithstanding that before or after the delivery of such appropriation bond the
20 person ceased to hold such office.

21 (c) Every appropriation bond shall be dated not later than the date it is issued,
22 shall contain a reference by date to the appropriate authorizing resolution, shall
23 state the limitation established in sub. (3) (f), and shall be in accordance with the
24 appropriate authorizing resolution in all respects.